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Bib Data Sheet

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|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 10/735,497 | FILING DATE 12/12/2003 RULE | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. 00025.03CON |
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/151,596 05/16/2002
 which claims benefit of 60/294,203 05/24/2001
 and claims benefit of 60/317,479 09/05/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/23/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS | TOTAL | INDEPENDENT |
|---------------------------------|---|---------------------|--------------|--------------|-------------|
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA | DRAWING 1 | CLAIMS 24 | CLAIMS 5 |
| Verified and Acknowledged | Examiner's Signature <u>ALB</u> Initials | | | | |

ADDRESS

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TITLE

Delivery of analgesics through an inhalation route

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| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of |
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